

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 12 | 2/9 |
| FORMALITY REVIEW | MM | JCH 920 | 02-27-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|----------|
| Final | |
| Original | 12/17/03 |
| 1 | 4/27/04 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
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| 46 | ✓ |
| 47 | ✓ |
| 48 | ✓ |
| 49 | ✓ |
| 50 | ✓ |

| Claim | Date |
|----------|----------|
| Final | |
| Original | 12/17/03 |
| 51 | 4/27/04 |
| 52 | ✓ |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

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